

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A
PAYMENT ISSUE DATE: 6/27/2012

ALAMEDA COUNTY TREASURER

1221 OAK STREET

OAKLAND CA

94612

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.04099633
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	3,491,182.73
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,491,182.73
YTD Amount:	\$	34,586,643.65

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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ALPINE COUNTY TREASURER

PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

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Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.00011220
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	9,554.77
County Medical Services Program Offset	\$	1,315.00
Net Claim / Payment Amount	\$	8,239.77
YTD Amount:	\$	81,504.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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AMADOR COUNTY TREASURER

810 COURT STREET

JACKSON CA

95642

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

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Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.00145397
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	123,817.79
County Medical Services Program Offset	\$	62,026.40
Net Claim / Payment Amount	\$	61,791.39
YTD Amount:	\$	606,379.61

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

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Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.00938333
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	799,069.57
County Medical Services Program Offset	\$	595,059.30
Net Claim / Payment Amount	\$	204,010.27
YTD Amount:	\$	1,965,677.80

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CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

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Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.00149500
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	127,311.84
County Medical Services Program Offset	\$	91,395.90
Net Claim / Payment Amount	\$	35,915.94
YTD Amount:	\$	347,304.30

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COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

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Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.00118558
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	100,962.12
County Medical Services Program Offset	\$	79,998.80
Net Claim / Payment Amount	\$	20,963.32
YTD Amount:	\$	200,233.60

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CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

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Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.02081556
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,772,620.22
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,772,620.22
YTD Amount:	\$	17,561,100.02

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DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2011-12

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Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.00140173
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	119,369.11
County Medical Services Program Offset	\$	78,135.80
Net Claim / Payment Amount	\$	41,233.31
YTD Amount:	\$	401,214.80

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EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA 95667

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2011-12

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Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.00542726
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	462,176.89
County Medical Services Program Offset	\$	353,528.80
Net Claim / Payment Amount	\$	108,648.09
YTD Amount:	\$	1,043,435.02

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FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2011-12

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Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.02542399
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,165,066.85
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,165,066.85
YTD Amount:	\$	21,449,002.31

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GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS CA 95988

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2011-12

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Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.00134475
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	114,516.79
County Medical Services Program Offset	\$	78,793.30
Net Claim / Payment Amount	\$	35,723.49
YTD Amount:	\$	346,573.77

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HUMBOLDT COUNTY TREASURER
825 FIFTH STREET ROOM 125

EUREKA CA 95501

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.00944553
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	804,366.42
County Medical Services Program Offset	\$	688,318.20
Net Claim / Payment Amount	\$	116,048.22
YTD Amount:	\$	1,116,053.84

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IMPERIAL COUNTY TREASURER
940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.00935974
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	797,060.68
County Medical Services Program Offset	\$	639,442.20
Net Claim / Payment Amount	\$	157,618.48
YTD Amount:	\$	1,501,944.71

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INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2011-12

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Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.00182883
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	155,740.28
County Medical Services Program Offset	\$	110,025.70
Net Claim / Payment Amount	\$	45,714.58
YTD Amount:	\$	442,640.54

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KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2011-12

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Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.01731626
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,474,625.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,474,625.36
YTD Amount:	\$	14,608,901.25

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KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2011-12

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Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.00466499
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	397,263.18
County Medical Services Program Offset	\$	283,283.30
Net Claim / Payment Amount	\$	113,979.88
YTD Amount:	\$	1,102,796.01

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LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2011-12

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Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.00205165
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	174,715.27
County Medical Services Program Offset	\$	102,296.30
Net Claim / Payment Amount	\$	72,418.97
YTD Amount:	\$	707,914.76

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LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2011-12

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Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.00147004
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	125,186.29
County Medical Services Program Offset	\$	68,711.30
Net Claim / Payment Amount	\$	56,474.99
YTD Amount:	\$	553,086.70

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A
PAYMENT ISSUE DATE: 6/27/2012

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2011-12

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Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.32827785
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	27,955,623.35
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	27,955,623.35
YTD Amount:	\$	276,952,406.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A
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MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.00459604
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	391,391.51
County Medical Services Program Offset	\$	288,214.70
Net Claim / Payment Amount	\$	103,176.81
YTD Amount:	\$	995,317.00

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A
PAYMENT ISSUE DATE: 6/27/2012

MARIN COUNTY TREASURER

PO BOX 4220
CIVIC CENTER
SAN RAFAEL CA 94913

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

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Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.01088548
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	926,990.29
County Medical Services Program Offset	\$	772,590.90
Net Claim / Payment Amount	\$	154,399.39
YTD Amount:	\$	1,462,375.75

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2011-12

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Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.00078332
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	66,706.29
County Medical Services Program Offset	\$	43,506.20
Net Claim / Payment Amount	\$	23,200.09
YTD Amount:	\$	225,787.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA 95482

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.00296651
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	252,623.31
County Medical Services Program Offset	\$	165,499.90
Net Claim / Payment Amount	\$	87,123.41
YTD Amount:	\$	847,709.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A
PAYMENT ISSUE DATE: 6/27/2012

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK
PO BOX 981311
WEST SACRAMENTO 95798-1311

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.00573509
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	488,391.21
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	488,391.21
YTD Amount:	\$	4,838,429.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A
PAYMENT ISSUE DATE: 6/27/2012

MODOC COUNTY TREASURER
204 COURT ST RM 101

ALTURAS CA 96101

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.00086397
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	73,574.32
County Medical Services Program Offset	\$	46,903.40
Net Claim / Payment Amount	\$	26,670.92
YTD Amount:	\$	259,851.08

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A
PAYMENT ISSUE DATE: 6/27/2012

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA 93517

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.00123309
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	105,008.00
County Medical Services Program Offset	\$	36,930.90
Net Claim / Payment Amount	\$	68,077.10
YTD Amount:	\$	670,991.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A
PAYMENT ISSUE DATE: 6/27/2012

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.00843637
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	718,427.95
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	718,427.95
YTD Amount:	\$	7,117,358.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A
PAYMENT ISSUE DATE: 6/27/2012

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.00458914
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	390,803.92
County Medical Services Program Offset	\$	306,296.70
Net Claim / Payment Amount	\$	84,507.22
YTD Amount:	\$	808,669.46

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A
PAYMENT ISSUE DATE: 6/27/2012

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA 95959

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.00291056
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	247,858.69
County Medical Services Program Offset	\$	186,079.30
Net Claim / Payment Amount	\$	61,779.39
YTD Amount:	\$	594,706.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A
PAYMENT ISSUE DATE: 6/27/2012

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.05520311
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	4,701,009.69
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,701,009.69
YTD Amount:	\$	46,572,236.20

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A
PAYMENT ISSUE DATE: 6/27/2012

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.00358833
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	305,576.52
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	305,576.52
YTD Amount:	\$	3,027,296.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A
PAYMENT ISSUE DATE: 6/27/2012

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA 95971

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.00123396
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	105,082.09
County Medical Services Program Offset	\$	90,519.20
Net Claim / Payment Amount	\$	14,562.89
YTD Amount:	\$	141,341.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A
PAYMENT ISSUE DATE: 6/27/2012

RIVERSIDE COUNTY TREASURER
C/O UNION BANK OF CA ST GOV
PO BOX 4035
SACRAMENTO CA 95812 4035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.03234151
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,754,151.93
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,754,151.93
YTD Amount:	\$	27,284,985.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A
PAYMENT ISSUE DATE: 6/27/2012

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.03348594
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,851,609.78
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,851,609.78
YTD Amount:	\$	28,250,492.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A
PAYMENT ISSUE DATE: 6/27/2012

SAN BENITO COUNTY TREASURER
COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER CA 95023

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.00176124
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	149,984.42
County Medical Services Program Offset	\$	108,601.10
Net Claim / Payment Amount	\$	41,383.32
YTD Amount:	\$	399,858.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A
PAYMENT ISSUE DATE: 6/27/2012

SAN BERNARDINO COUNTY TREASURER
PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.03592459
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	3,059,281.36
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,059,281.36
YTD Amount:	\$	30,307,862.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A
PAYMENT ISSUE DATE: 6/27/2012

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO 95798 0304

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.06138058
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	5,227,073.28
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	5,227,073.28
YTD Amount:	\$	51,783,876.27

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A
PAYMENT ISSUE DATE: 6/27/2012

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

95814-2920

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.06260937
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	5,331,715.09
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	5,331,715.09
YTD Amount:	\$	52,820,548.59

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A
PAYMENT ISSUE DATE: 6/27/2012

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.01414136
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,204,255.89
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,204,255.89
YTD Amount:	\$	11,930,397.70

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A
PAYMENT ISSUE DATE: 6/27/2012

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.00470870
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	400,985.46
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	400,985.46
YTD Amount:	\$	3,972,505.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A
PAYMENT ISSUE DATE: 6/27/2012

SAN MATEO COUNTY TREASURER
C/O UNION BANK ST GOVT DEPT
PO BOX 4035
SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.01453003
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,237,354.41
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,237,354.41
YTD Amount:	\$	12,258,294.06

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A
PAYMENT ISSUE DATE: 6/27/2012

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.00867979
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	739,157.21
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	739,157.21
YTD Amount:	\$	7,322,725.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A
PAYMENT ISSUE DATE: 6/27/2012

SANTA CLARA COUNTY TREASURER
PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.03493360
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	2,974,890.22
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,974,890.22
YTD Amount:	\$	29,471,813.18

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A
PAYMENT ISSUE DATE: 6/27/2012

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.00588652
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	501,286.75
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	501,286.75
YTD Amount:	\$	4,966,176.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A
PAYMENT ISSUE DATE: 6/27/2012

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.00804393
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	685,008.38
County Medical Services Program Offset	\$	536,101.30
Net Claim / Payment Amount	\$	148,907.08
YTD Amount:	\$	1,425,269.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A
PAYMENT ISSUE DATE: 6/27/2012

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.00028606
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	24,360.42
County Medical Services Program Offset	\$	13,588.80
Net Claim / Payment Amount	\$	10,771.62
YTD Amount:	\$	105,448.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A
PAYMENT ISSUE DATE: 6/27/2012

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA 96097

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.00227385
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	193,637.48
County Medical Services Program Offset	\$	137,203.40
Net Claim / Payment Amount	\$	56,434.08
YTD Amount:	\$	546,298.92

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A
PAYMENT ISSUE DATE: 6/27/2012

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.01146356
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	976,218.67
County Medical Services Program Offset	\$	687,112.70
Net Claim / Payment Amount	\$	289,105.97
YTD Amount:	\$	2,800,132.41

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A
PAYMENT ISSUE DATE: 6/27/2012

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.01854596
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	1,579,344.67
County Medical Services Program Offset	\$	1,318,335.90
Net Claim / Payment Amount	\$	261,008.77
YTD Amount:	\$	2,473,082.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A
PAYMENT ISSUE DATE: 6/27/2012

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.01149562
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	978,948.85
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	978,948.85
YTD Amount:	\$	9,698,314.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A
PAYMENT ISSUE DATE: 6/27/2012

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY CA 95992

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.00448589
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	382,011.31
County Medical Services Program Offset	\$	299,611.80
Net Claim / Payment Amount	\$	82,399.51
YTD Amount:	\$	788,413.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A
PAYMENT ISSUE DATE: 6/27/2012

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA 96080

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.00302136
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	257,294.25
County Medical Services Program Offset	\$	191,229.90
Net Claim / Payment Amount	\$	66,064.35
YTD Amount:	\$	636,681.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A
PAYMENT ISSUE DATE: 6/27/2012

TRINITY COUNTY TREASURER
PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.00127824
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	108,852.90
County Medical Services Program Offset	\$	61,149.70
Net Claim / Payment Amount	\$	47,703.20
YTD Amount:	\$	466,890.16

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A
PAYMENT ISSUE DATE: 6/27/2012

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA CA 93291

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.01023677
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	871,747.17
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	871,747.17
YTD Amount:	\$	8,636,269.15

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A
PAYMENT ISSUE DATE: 6/27/2012

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.00234037
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	199,302.21
County Medical Services Program Offset	\$	145,532.00
Net Claim / Payment Amount	\$	53,770.21
YTD Amount:	\$	519,135.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A
PAYMENT ISSUE DATE: 6/27/2012

VENTURA COUNTY TREASURER
C/O WELLS FARGO BANK
PO BOX 980307
WEST SACRAMENTO CA 95798 0307

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.01356890
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	1,155,506.10
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,155,506.10
YTD Amount:	\$	11,447,426.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A
PAYMENT ISSUE DATE: 6/27/2012

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA 95695

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.00373362
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	317,949.18
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	317,949.18
YTD Amount:	\$	3,149,877.31

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A
PAYMENT ISSUE DATE: 6/27/2012

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA 95901 5273

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.00366094
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	311,759.87
County Medical Services Program Offset	\$	239,558.00
Net Claim / Payment Amount	\$	72,201.87
YTD Amount:	\$	692,975.42

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A
PAYMENT ISSUE DATE: 6/27/2012

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.00123265
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	104,970.53
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	104,970.53
YTD Amount:	\$	1,039,922.84

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A
PAYMENT ISSUE DATE: 6/27/2012

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA 90802

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.00559311
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	476,300.42
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	476,300.42
YTD Amount:	\$	4,718,646.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1100418A
PAYMENT ISSUE DATE: 6/27/2012

PASADENA CITY TREASURER
PO BOX 7115

PASADENA CA 91109 7215

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2011-12

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://www.sco.ca.gov/ard/local/apport/index.shtml)

Collection Period 5/16/2012 TO: 6/15/2012

Total amount collected: \$127,020,931.87 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$85,158,421.07 **County/City Ratio:** 0.00187638
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	159,789.56
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	159,789.56
YTD Amount:	\$	1,583,005.62